

## STATE OF NEW HAMPSHIRE Department of Safety **Division of Motor Vehicles** MOTOR VEHICLE ACCIDENT REPORT

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## N.H.RSA 264:25 - REPORTING REQUIREMENTS

In the State of New Hampshire, any Motor Vehicle Accident causing death, personal injury, or combined vehicle/property damage in excess of \$1,000 must be reported in writing to the Division of Motor Vehicles within 15 days. Failure to report in the case of death or personal injury is a felony. Failure to report following a property damage only accident is a misdemeanor. INSTRUCTIONS - PLEASE PRINT OR TYPE ALL INFORMATION - USE BLACK OR DARK BLUE INK

- The date and location of the accident is very important and you must describe it as accurately and completely as possible in the space provided. When describing the location of your accident, indicate the direction and distance from the crash site to the nearest intersecting road or, for interstate highways, to the nearest mileage marker or exit number.
- to the nearest mineage marker of ear number.

  2. In Section C, for each occupant of your vehicle, or for a pedestrian or bicyclist, enter the requested information on a single line. Utilize a further report form if more than six persons involved. For a witness, enter a "W" in the "WHICH VEHICLE OCCUPIED" column; for a Pedestrian, enter a "P" in the box; for a Bicyclist, enter a "B". For a new born child (less than one year) enter "NB" for age. Enter "M" for Male and "F" for female.
- 3. You must enter Injury information on all occupants, utilizing the following designations:

  K - Any injury that results in death.

  - Severe lacerations, broke or distorted limbs, skull fracture crushed chest, internal injuries, unconscious

- when taken from the accident scene, unable to leave the accident scene without assistance
- Lump on head, abrasions, minor lacerations.

  Momentary unconsciousness. Limping, nausea, hysteria, complaint of pain (no visible injury).

  Unknown.
- Not injured.
- 4. Give your own and your vehicles owner's CURRENT name and address when completing the YOUR VEHICLE part of the form. Report all other driver's and vehicle's information exactly as it appears on their licenses and registrations. If you were involved in an accident with a Pedestrian or Bicyclist, check the appropriate box under OTHER VEHICLE and enter the Pedestrian or Bicyclist information in the OTHER VEHICLE DRIVER section. If the other vehicle was unoccupied, be very sure to enter the correct vehicle plate number and vehicle make in the appropriate boxes. If you were involved in an accident in which there were more than two vehicles, additional report(s) must be filled out.
- If you are driving a Commercial Motor Vehicle (Truck over 26,000 GVWR. Bus with more than fifteen seats, or vehicle placarded for Hazardous Materials), please indicate it in the appropriate box.
- 6. It is mandatory to provide complete insurance information in the section provided, or to indicate that your vehicle and/or license does not have insurance coverage. Your report must be signed and dated, else the report cannot be accepted
- If you have difficulty completing this form, your insurance agent may be able to assist you, otherwise contact the Acci-dent Section of the Division of Motor Vehicles at (603) 271-3106 (Speech/Hearing Impaired HELP TTY/TDD Relay 225-4033).
- Submit your completed and signed reports to Department of Safety Accident Section 23 Hazen Drive

			SEC	CTION A Concord, NH 03305
DATE OF ACCIDENT	DAY OF WEEK	TIME AM	CITY/TOWN	
NUMBER OF VEHICLES	DID POLICE INVES ACCIDENT AT SCE		POLICE DEPARTME	NT
CCIDENT OCCURRED		Use the one that applies	1. AT THE I	NTERSECTION WITH  ROUTE # and/or EXIT # OR STREET NAME  N  FEET W E OF
ROUTE # OR STREET NAME				S ROUTE # and/or EXIT # OR STREET NAME
Enter the n which best o	umber of the item lescribes the circu	CTION B in the correspormstances of the a	iding box provided ccident.	ACCIDENT LOCATION  1. At Intersection 2. Intersection Related 3. Along the Road 4. Along Road at Driveway Access 5. Off Roadway on Shoulder/Median 6. Off Roadway Beyond Shoulder
COLLISION 1. Other Mc 2. Motor Ve 3. Parked M 4. Railroad 5. Bicyclist 6 Pedestri	itor Vehicle hicle Crossing Median lotor Vehicle Train	18, Pedal Cycle 19, Snowmobile 10, Fixed Objec NON-COLLISIC 11, Overturn 12, Spill (2 Whe 13, Fire	/OĤRV t N	TRAFFIC CONTROLS  1. None 6. Visible Road Markings 2. Traffic Signals 7. Officer/Flagman 3. Stop Sign 8. RR Crossing-Flasher-Gate 4. Yield Sign 9. No Passing Zone 5. Lane Control 98. Other *
7. Animal 8. Thrown o 9. Other Ob 17. Motor Ve If you enter	or Falling Object eject hicle in Transport 10 in box 1, enter r	14. Submersion 15. Jackknife 16. Explosion 98. Other *	JECT STRUCK in box	ROAD DESIGN  1. Interstate 2. Other Divided Highway 3. Not Physically Divided (2-Way Traffic)  2. Other Privided Highway 3. Not Physically Divided (2-Way Traffic)
1. Traffic Si 2. Sign Pos 3. Guard R 4. Crash Ci	i ail Ishion	10. Median 11. Barrier/Feni 12. Culvert/Hea 13. Embankmei	dwall nt/Ditch/Curb	ROAD SURFACE CONDITIONS   1. Dry
5. Light Pol 6. Telephor 7. Tree 8. Building/ 9. Bridge/P	e/Electric Pole Wall	14 Fire Hydran 15 RR Crossing 16 Overpass 17 Rock/Sides 98 Other*	/Parking Meter Device	WEATHER  1. Clear 4. Snow 7. Blowing Material 10. Sleet and Fog 2. Cloudy 5. Sleet 8. Severe Cross Winds 11. No Adverse Conditions 3. Rain 6. Fog 9. Rain and Fog 99. Unknown

## SECTION C

TYPE OF INJURY LOCATION OF MOST SEVERE INJURY						VEW 5	THROWN FROM VEHICLE? Yes / N							
	A, B, C, I e Instruct Above)	lions	2. No 3. Ci 4. Ar	ead eck nest	6. Leg(s) 7. Multiple 8. None 99. Unknown	VEHICLE  1 2 3 4 5 6 7 8	1. Driver 2-7. Passengers 8. Ride/Hang on Vehicle	9 11	MOTORCYCLE/BIKE/ SNOWMOBILE  9. Driver (2/3 Wheeled Vehicle)  10. Passengers (2/3 Wheeled Vehicle)  11. Sidecar/Sled/ Hang on Vehicle  99. Unknown	SAFETY EQUIPM Seat Belts used Child Restraints Air Bag Deploye Air Bag & Seat Helmet Worn (M No equipment u	used d Selt otorcycles		de S C A B H	
8	9	10	11	12	NAME(S) OF OCCU	JPANTS IN YOUR VEH	HICLE / WITNESSES	W 63.1 A	ADDRESS / PHONE I	10.	13	14	15	
E:														

## \*Without DESCRIPTION OF ACCIDENT, ESTIMATE OF REPAIR, or OPERATOR'S SIGNATURE, report will NOT be accepted. SECTION D

YOUR VEHICLE						O HER VEHICLE						BICYCLIST PEDESTRIA	N	
DRIVER LICENSE NO. STATE CLASSIFICATION						DRIVER LIC	ENSE	NO.	S	TATE		CLASSIFIC		
DRIVER'S NAME	LAST, FIRS	ST, MIDDLE	E			DRIVER'S N	IAME		LAST, FIF	RST, MIDDLE				
D.O.B. SEX						D.O.B.						SEX		
CURRENT ADDRESS, NUM	BER AND STRE	ET		P	HONE NO.	CURRENT A	ADDRE	SS. NUM	BER AND STR	EET	L	PHON	NE NO.	
CITY/TOWN	STAT	E E			ZIP CODE	CITY/TOWN STATE						ZIP CODE		
PLATE NO.	STATE	TRAILER	PLATE NO.		STATE	PLATE NO.			STATE	TRAILER PL	ATE NO.	ST	ATE	
SAME OWNER NA	ME	LAST	, FIRST, MIC	DDLE		SAME AS	7 01	WNER NA	ME	LAST, FI	IRST, MIDI	DLE		
CURRENT ADDRESS, NUM	BER AND STRE	ET		Pl	HONE NO.	CURRENT A	DDRE	SS, NUM	BER AND STR	EET	2.0	PHON	NE NO.	
CITY/TOWN	STAT	E			ZIP CODE	CITY/TOWN			ST	ATE		ZIP	CODE	
MAKE			YEAR	COMM VEHIC ACCID	IERCIAL	MAKE			18 1. 188 <del>9.00 1.2</del>		YEAR	COMMER VEHICLE ACCIDEN	CIAL	
V.I.N.				AOOID		V.I.N.						ACCIDEN	<u> </u>	
VEHICLE BY			ТО			VEHICLE	П	BY			ТО			
DESCRIBE DAMAGE TO VE	HICLE					DESCRIBE (	DAMAG	SE TO VE	HICLE					
									***************************************					
		,	*ESTIMAT	ED COS	ST TO REPAIR					* [	ESTIMATE	D COST T	O REPAIR	
					SECT	ION E								
YOUR INSURANCE CO.		24.				ESTIMATED	PROPE	ERTY DA	MAGE (OTHER	THAN VEHICL	-E)			
AGENT						IDENTIFY DA	AMAGE	D PROPI	ERTY OTHER	THAN VEHICLE	E(S)			
ADDRESS	*			er and a										
POLICY NUMBER		EF	FECTIVE D	ATE										
	ACCIDENT	DIAGRAI	M	W 18 V 1	SECT	ION F								
Check one of the diagrams if it a on a separate sheet and atlach.	adequalely descri	bes the acc	cident. OR d	raw your being No	own diagram	1. Automobi		9. N	VEHICLE TY	13. Other	r/Unknown	YOUR Vehicle	"	
Rear Passing Lt. Tu	rn Intersection	Rt. Turn	Rt. Turn		On Sideswipe	2. Pick-Up/L 3. Panel/Var 8. Motorcycl	ก	11. F	Motor Home Passenger Light \ Itility Vehicle (4X	an 97. Motor	ht Truck Carrier	Other Vehicle	1	
	3 4	75	→ <sub>6</sub>	7					VEHICLE DIREC			YOUR Vehicle		
						1. North 2. East			South Vest	99. Unkn	iown	Other Vehicle	2 15	
*OPERATOR'S SIGNATURE				/	OF REPORT	VEHICLE: (Box 20 and/ 1. Following 2. Right Tur 3. Making L 5. Making L 6. Starting I 7. Starting I 8. Slowing I 9. Stopped 10. Entering 11. Parked P 12. Parked a 13. Changing 14. Overtakir 15. Passing I 16. Backing 17. Parked Ir	g Roady in on Realight Turn J-Turn From Pain or Stopp in Traffi Park Po Properly nd Rolle g Lanes on Righ	way ed rn l arked c ping c ossition ed //Merging sing t	19 Wron 97. OTHE (Box 21 c 41. Cross 42. Cross 43. Cross 44. Cross 45. Walk, 46. Walk, 47. Emer Para 48. Get C 49. Get C 50. Push 51. Plavii	Something in R g Way on a 1-Wag Way on a 1-Wag IR Action in Roanly) sing with Signal ring at Crosswall ring to Korosswall ring No Signal/C Ride with Traffic Ride against Trage from Front/Riked Vehicle In/Off School Bun/Off Vehicle ng/Working on ing/Working on ing/Working on ing/Jogging Ling/Walking R Pedestrian/Bi	ay nal k No Signal trosswalk affic ear of us	YOUR Vehicle Other Vehicle or Ped/Bike	20	